

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

|              | AS FILED             |                      | AFTER<br>1st AMENDMENT |                      | AFTER<br>2nd AMENDMENT |                      |
|--------------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
|              | IND.                 | DEP.                 | IND.                   | DEP.                 | IND.                   | DEP.                 |
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| TOTAL CLAIMS | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/>   | <input type="text"/> |

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| TOTAL CLAIMS | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |